Statement

Dengue cases and deaths

Sl. No.	State	2001		2002		2003		2004		2005(P*)	
		C	D	C	D	C	D	C	D	C	D
1	Andhra Pradesh	1	0	61	3	95	5	230	1	0	0
2	Bihar	0	0	1	0	0	0	0	0	0	0
3	Chandigarh	0	0	15	0	0	0	0	0	0	0
4	Delhi	322	3	45	2	2882	35	606	3	850	9
5	Goa	1	0	0	0	12	2	3	0	2	0
6	Guajrat	69	0	40	0	249	9	117	4	122	1
7	Haryana	260	5	3	0	95	4	25	0	25	0
8	Karnataka	220	0	428	1	1226	7	291	2	403	12
9	Kerala	41	0	219	2	3546	68	686	8	956	8
10	Maharashtra	54	2	370	18	772	45	856	22	87	1
11	Sikkim	0	0	0	0	0	0	12	0	0	0
12	Punjab	49	0	27	2	848	13	52	0	2	0
13	Rajasthan	1452	35	325	5	685	11	207	5	7	0
14	Tamil Nadu	816	8	392	0	1600	8	1027	0	216	0
15	Uttar Pradesh	21	0	0	0	738	8	8	0	0	0
16	West Bengal	0	0	0	0	0	0	32	0	6206	33
17	Pondicherry	0	0	0	0	0	0	0	0	0	0
18	D&N Haveli	0	0	0	0	0	0	0	0	0	0
	Total	3306	53	1926	33	12754	215	4153	45	8876	64

P* = upto 16-11-05

Dismal Health status of the tribal communities

379. SHRI K. CHANDRAN PILLAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Health status of people in the tribal areas remains at the lowest in the country;

(b) whether a study "Health Status Index" conducted in Rajasthan revealed the dismal state of health status of the tribal communities in the State;

(c) whether Government have evolved any comprehensive scheme for the improvement of the situation; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) The Ministry of Tribal Affairs had sponsored a study—Health and Malnutrition Study among the PTG of Sahariyas in Rajasthan—having Re-look at the Traditional Food Habits. The study revealed that over 80% of the Sahariyas are living below poverty line and have a high degree of mal nutrition and morbidity.

(c) to (d) The Government has recently launched the National Rural Health Mission with a special emphasis on vulnerable sections of the rural population. The main objective of the NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care especially to the poor and vulnerable sections of the population. It seeks to provide an overarching umbrella to the existing vertical schemes/programmes of Health and Family Welfare. It also aims to address the issue of health in the context of a sector wide approach encompassing sanitation and hygiene, nutrition safe drinking water as basic determinants of good health. It further seeks to build greater ownership for Health & Family Welfare programmes among the community through involvement of Panchayat Raj institutions, NGOs and other stakeholders at national, state, district and sub-district levels.

In addition all Programme Officers have been directed to earmark 8% of their Annual Plan funds to the Tribal Sub-Plan for the welfare of Scheduled Tribes. Specific Programmes like the enhanced Malaria Control Project and the Yaws Eradication Programme have been formulated exclusively for the tribal and remote areas. Keeping in view that most of the tribal population is concentrated in far flung areas, the population coverage norms for Primary Health Care infrastructure and some Disease Control Programmes have been relaxed. As supplementing efforts towards improving health status of tribals the Ministry of Tribal Affairs has been implementing a

scheme for Grant-in-aid to Voluntary Organisation for Welfare of the Scheduled Tribes. Under the scheme, the Ministry gives grant for setting up and running of 10 Bedded Hospital and Mobile Dispensary for STs. During the year 2004-05, an amount of Rs. 1,94,12,300 and Rs. 3,39,18,800/- were released for running 10 Bedded Hospital and Mobile Dispensary respectively.

Shortage of Para-Medical Staff in CGHS Dispensaries

380. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is shortage of para-medical staff at various dispensaries particularly at CGHS Dispensary No. 73 (Gurgaon); and

(b) if so, the details thereof and the reasons therefor and by when Government propose to fill the vacant posts and create required number of posts?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Adequate number of paramedical staff are availabe in CGHS dispensaries, particularly at CGHS dispensaries No. 73 (Gurgaon) to cater to the needs of the patients attending the dispensaries.

CGHS Dispensary in Sector 11, Noida

381. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have constructed its own building in Sector 11 in Noida to house CGHS dispensary, but the same is lying unoccupied, whereas Government are paying rent for the place where at present the dispensary is housed;

(b) if so, the details thereof and the reasons therefor;

(c) whether Government immediately propose to shift to its own building and save Government exchequer; and

(d) if so, by when and if not, the reasons therefore?